

CLAIMS ONLY	Application Number 10/805,354	Filing Date
	Applicant(s)	

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
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50						
Total Indep	2		2			
Total Depend	17		16			
Total Claims	19		18			

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						